

Entered - 09/06/00 - sb
CL00L0530 - DIANNE C. MITCHELL

CLAIM OF: **JOHN C. STONER AND RICHARD BAXTER**
2529 Knox Street, NE
Atlanta, Georgia 30306

For damages alleged to have been sustained as a result of property damage due to sewer back ups occurring on June 2, 8, 12 and 15, 2000 at 740 St. Charles Avenue, NE.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **JOHN C. STONER AND RICHARD BAXTER** the sum of **\$637.50** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of property damage due to sewer back ups occurring on June 2, 8, 12 and 15, 2000 at 740 St. Charles Avenue, NE as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: Rosalind Rubens Newell by RUG/DCA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0530

Date: November 13, 2000

Claimant /Victim JOHN C. STONER AND RICHARD BAXTER

BY: (Atty) (Ins.Co.) _____

Address: 2529 Knox Street, NE, Atlanta, Georgia 30317

Subrogation: _____ Claim for Property damage \$ 637.50 Bodily Injury \$ _____

Date of Notice: 08/24/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/02,08,12 & 15/00 Place: 740 St. Charles Avenue, NE

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimants sustained damage to their property due to a series of sewer back ups. The City received notice of the sewer problem on June 2, 2000 but failed to correct the problem causing the subsequent back ups.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 637.50  Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager: _____ Concur/date 11-14-00

Committee Action: _____ Council Action _____

Attn: Diane Mitchell

Mitchell
09/05/00
B

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8/20/00
ENTERED - 9-6-00 - SB
00L0530 - DIANNE MITCHELL

00-24-00P05:28 RCVD

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 637.50 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 6/8, 12, 15/00 2. Time of Incident: _____ 3. Police called: _____
(month/day/year) Yes ☒ No ☐
4. Location of incident (including street address): 740 St. Charles Ave NE
5. Name of your insurance company: Allstate Insur. Co. Policy No. _____
6. State what and how incident occurred: see attached letter

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Home 740 St. Charles Ave NE, Atlanta GA 30306
Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: see attached letter
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

RICHARD BAXTER
John C. Stoner
(Print Claimant's Name)

740 St. Charles Ave NE
(Address)

Atlanta, GA 30306
(City, State and Zip Code)

2529 KNOX ST NE
ATLANTA, GA 30317
00-R-1912

404-562-1077
(Work Number)

404-377-6931
(Home Number)